



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Mimo's Pizzeria		Telephone Number () Establishment 812-948-7771	Date of Inspection (mm/dd/yr) 2-14-19	ID # 18-169
Establishment Address (number and street, city, state, zip code) 2708 Paoli Pike (Suite E) New Albany, IN 47150		() Owner 347-612-9577		
Owner Atef Makareous	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)		Follow-up Yes	Release Date Today
Owner's Address			Summary of Violations: C 3 NC 4 R 1	
Person in Charge Mimo Nasseem			Menu Type (See back of page) 1 2 3 4 5	
Responsible Person's E-mail				
Certified Food Handler Atef Makareous				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"				
Section#	C/NC	R	Narrative	To Be Corrected By
191	NC		Observed date marking on cooked items.	Today
			Observed pizza sauce kept 3 day with out a date mark.	
344	C		Observed items stored in handwashing sink in kitchen.	Corrected
415	C		Observed mice droppings in restroom cabinet.	today
291	NC		Observed no test strips for chlorine sanitizer.	1 week
295	NC		Observed dried food debris on can opener.	today
347	NC		Observed no hand towels at handwashing sink in pizza area. (front of house)	today
430	NC	R	Observed 3 water damaged ceiling tiles in bar & in 3 in dry storage. -Contact landlord about ceiling leak.	4 weeks. 4
Received by (name and title printed): [Signature]				
Inspected by (name and title printed): Thomas Surder, EHS				
Received by (signature): [Signature]				
Inspected by (signature): [Signature]				
cc:		cc:		cc:

2-14-19

Floyd County Health Department Inspection Notes

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